

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. JOHN THAMES**

Mailing Address 2734 QUAIL RUN RD

City	State	Zip Code
JACKSON	MS	39211-6626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**PARK DEVELOPMENT**

Occupation  
**REAL ESTATE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.137479**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**MRS. SUZAN THAMES**

Mailing Address 2734 QUAIL RUN RD

City	State	Zip Code
JACKSON	MS	39211-6626

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.137476**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM GORDON THAMES**

Mailing Address 215 ROSEHILL LN

City	State	Zip Code
TALLAHASSEE	FL	32312-9091

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ARBOR PROPERTIES, INC.**

Occupation  
**OWNER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.126616**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		20		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

8100.00

**Total This Period (last page this line number only)**.....